

AUTHORIZED REINSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: _____ **Filings Made During the Year 2008**

(1) Check- list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS				
	1	Annual Statement (8 ½"X14")	1	3/1	NAIC	G, H(a), I, J, K(b), L
	2	Quarterly Financial Statement (8 ½" x 14")	1	5/15,8/15,11/15	NAIC	G, H(a), I, J, K(b), L
		II. NAIC SUPPLEMENTS				
	3	Actuarial Certification	1	3/1	COMPANY	K(b)
	4	Management Discussion & Analysis	1	4/1	COMPANY/ NAIC	K(b)
		III. AUDITED FINANCIAL STATEMENTS				
	5	Accountants Letter of Qualifications	1	6/1	COMPANY	K(b), N(c)
	6	Audited Financial Statements	1	6/1	COMPANY	J, K(b)
	7	Report of Significant Deficiencies in Internal Controls	1	6/1	COMPANY	N, R
	8	Request for Exemption to File	1	5/1	COMPANY	J
	9	Notification of Adverse Financial Condition	1	Within 10 days of CPA discovery	COMPANY	
	10	Request to File Consolidated Audited Financial Statements	1	5/1	COMPANY	J
		IV. STATE REQUIRED FILINGS				
	11	Application for Approval as an Authorized Reinsurer	1	3/1	STATE	
	12	Certificate of Authority/Compliance from state of domicile	1	3/1	COMPANY	H(b)
	13	Certificate of Deposit from state of domicile	1	3/1	COMPANY	H(b)